



## Complete Summary

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### TITLE

Acute stroke care: percentage of stroke patients with documented care plan developed and provided to patient/family prior to hospital discharge during audit period.

### SOURCE(S)

National Stroke Foundation. Acute stroke services framework 2008. Melbourne VIC: National Stroke Foundation; 2008. 37 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of stroke patients with documented care plan developed and provided to patient/family prior to hospital discharge during audit period.

### RATIONALE

Good discharge planning is crucial for successful reintegration into the community as well as effective and efficient use of limited hospital resources. A care plan is normally completed prior to discharge and identifies appropriate management strategies to guide care after the stroke survivor returns to the community. Care plans are based on the needs identified in the pre-discharge assessment, and are useful in building self-management strategies for those with stroke.

### PRIMARY CLINICAL COMPONENT

Stroke; discharge care plan

## **DENOMINATOR DESCRIPTION**

Total number of stroke patients' discharged from hospital during audit period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Number of stroke patients with documented care plan developed and provided to patient/family prior to hospital discharge during audit period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Organisation of services. In: Clinical guidelines for acute stroke management.](#)
- [Pre-hospital care. In: Clinical guidelines for acute stroke management.](#)
- [Early assessment and diagnosis. In: Clinical guidelines for acute stroke management.](#)
- [Acute medical and surgical management. In: Clinical guidelines for acute stroke management.](#)
- [Assessment and management of the consequences of stroke. In: Clinical guidelines for acute stroke management.](#)
- [Prevention and management of complications. In: Clinical guidelines for acute stroke management.](#)
- [Secondary prevention. In: Clinical guidelines for acute stroke management.](#)
- [Discharge planning, transfer of care and integrated community care. In: Clinical guidelines for acute stroke management.](#)

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Hospitals

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

### BURDEN OF ILLNESS

Stroke is Australia's second single greatest killer after coronary heart disease and a leading cause of disability.

## **EVIDENCE FOR BURDEN OF ILLNESS**

Australian Institute of Health and Welfare (AIHW). Australia's health 2006. Canberra ACT: Australian Institute of Health and Welfare (AIHW); 2006. 528 p.

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

## **IOM CARE NEED**

Getting Better

## **IOM DOMAIN**

Effectiveness  
Patient-centeredness

## **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Stroke patients' discharged from hospital during audit period

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of stroke patients' discharged from hospital during audit period

### **Exclusions**

Patients transferred to inpatient rehabilitation are excluded.

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Institutionalization

## **DENOMINATOR TIME WINDOW**

Time window brackets index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Number of stroke patients with documented care plan\* developed and provided to patient/family prior to hospital discharge during audit period

\*Documented evidence that patient received a plan that outlines care in the community after discharge. The specific care plan should address one or more of the following:

1. Monitoring and managing symptoms and signs of illness including risk management if symptoms develop or become worse.
2. Managing the impacts of illness on their lifestyle, emotions and interpersonal relationships.
3. Adherence to treatment regimes.

**Note:** Compliance with this indicator requires:

- Documented evidence of a care plan having been provided to any patient who is going home.
- Evidence of engagement of other health care providers such as pharmacists, general practitioners (GP's) and community based services.

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Institutionalization

## **DATA SOURCE**

Medical record

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure**

**SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

**Evaluation of Measure Properties**

**EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information**

**ORIGINAL TITLE**

Care plan provided.

**MEASURE COLLECTION**

[Performance Indicators for Acute Stroke](#)

**DEVELOPER**

National Stroke Foundation (Australia)

**FUNDING SOURCE(S)**

National Stroke Foundation (Australia)

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

National Stroke Audit Advisory Committee (2007) involving 18 people with expertise in clinical care, policy, administration and methodology. Consumer input was also included.

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Unspecified

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2002 Jan

## **REVISION DATE**

2008 Jan

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

National Stroke Foundation. Acute stroke services framework 2008. Melbourne VIC: National Stroke Foundation; 2008. 37 p.

## **MEASURE AVAILABILITY**

The individual measure, "Care Plan Provided," is published in "Acute Stroke Services Framework 2008." This document is available in Portable Document Format (PDF) at the [National Stroke Foundation Web site](#).

For more information, contact the National Stroke Foundation at Level 7, 461 Bourke Street, Melbourne VIC 3000; Phone: (03) 9670 1000; Web site: [www.strokefoundation.com.au](http://www.strokefoundation.com.au).

## **COMPANION DOCUMENTS**

The following is available:

- National Stroke Foundation. Acute stroke services framework summary. Melbourne VIC: National Stroke Foundation, 2008. 6 p. This document is

available in Portable Document Format (PDF) at the [National Stroke Foundation Web site](#).

For more information, contact the National Stroke Foundation at Level 7, 461 Bourke Street, Melbourne VIC 3000; Phone: (03) 9670 1000; Web site: [www.strokefoundation.com.au](http://www.strokefoundation.com.au).

## **NQMC STATUS**

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